

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>M.B. Scott</i>		<i>08-16-01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>H-S</i>	<i>866</i>	<i>09-18-01</i>
RESPONSE FORMALITY REVIEW	<i>21</i>	<i>825</i>	<i>11/05/01</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>✓</i>
2	<i>✓</i>
3	<i>✓</i>
4	<i>✓</i>
5	<i>✓</i>
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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*573*  
*11/19/01*  
*20 8/16*  
*04/19/01*